

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47821

1. Entity Name :

THE BELIEVERS IN CHRIST MINISTRIES, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90041 043 \*\*\*\*70.00

Principal Place of Business

Mailing Address

7313 ROLLING HILL RD  
PENSACOLA FL 32505

P.O. BOX 1042  
CANTONMENT FL 32533-2042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3104527

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAMUEL, DENISE D  
1135 WOODLAKE DRIVE  
CANTONMENT FL 32533

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C ☐ Delete  
NAME ROSS, PAUL D.  
STREET ADDRESS 1903 WEST GARDEN STREET  
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TR ☐ Delete  
NAME SMITH, JIMMIE  
STREET ADDRESS 1144 BARTH LANE  
CITY-ST-ZIP CANTONMENT FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TR ☐ Delete  
NAME WEADEN, EVELYN  
STREET ADDRESS 394 WELCOME CIRCLE  
CITY-ST-ZIP CANTONMENT FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TR ☐ Delete  
NAME FRAY, ALEX R.  
STREET ADDRESS PO BOX 1211 N/A  
CITY-ST-ZIP GONGLAES FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TR ☐ Delete  
NAME WEADEN, JOSEPH L.  
STREET ADDRESS 394 WELCOME CIRCLE  
CITY-ST-ZIP CANTONMENT FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* PAUL D. ROSS DIRECTOR

23 APRIL 2000

Date

Daytime Phone #

(850)  
432-9187

CR2E037 (9/99)